



STATE OF MONTANA  
Office of State Public Defender

44 West Park Street Butte, Montana 59701  
ph: (406) 496-6080 fx: (406) 496-6098

**Substitution of Judge Fee Payment Request Form**

**INSTRUCTIONS**

Within ten (10) days of receiving an *Order of Substitution*, please send this completed form ***and*** the *Order of Substitution* to [opdaccounting@mt.gov](mailto:opdaccounting@mt.gov) with “Sub Judge Fee Request” in the subject line.

Promptly providing OPD notice of the order and this request form will allow ample time for OPD to arrange payment of the fee. If you fail to provide sufficient notice to OPD, you risk your request for substitution being denied or having to pay the substitution fee yourself, which **will not be reimbursed**.

Today’s Date: \_\_\_\_\_ Date Substitution Ordered: \_\_\_\_\_

Client: \_\_\_\_\_ OPD CaseID#: \_\_\_\_\_

Court: \_\_\_\_\_ Cause#: \_\_\_\_\_

*Order of Substitution* included?

\_\_\_\_\_  
Signature (/s/ “Name”)